Working Aged (WA) Q's and A's (September 11, 2002)

Q1: The CWF continues to show no periods of MSP (WA) activity but I am still being paid at the working aged capitation rate?

A1: First, you must allow at least 4 months for WA payment corrections. This can be determined by reviewing the latest CWF maintenance date (MNT DTE) posted on the CWF records. The CWF maintenance date is when the MSP record was actually updated on the CWF. As a rule of thumb, the CWF maintenance date field determines the start of the 4-month time frame.

If the latest CWF maintenance date posted on the CWF is beyond four months and the CWF shows all periods of Working aged closed (terminated) and/or deleted, yet your MCO continues to be paid at the Working Aged capitation rate for that member, please forward case to your DPAP central office regional coordinator. We will investigate the case and give you an answer for actions taken.

Q2: There is no MSP activity showing on the CWF and we cannot send in a HUSP record to terminate working aged. What must we do on this situation?

A2: You must check all CWF host sites. Also make sure that you have entered the correct Health Insurance Claim (HIC) number for that member. If unable to find any WA period(s) on the CWF after searching all CWF host sites and your MCO continues to be paid at the Working Aged capitation rate for that member, please forward the case to your DPAP central office regional coordinator. We will search our systems and provide you with the information or give you an answer for next steps to take.

Q3: Many WA transactions we submitted to CMS continue to have a status of "S" and there has been no adjustment made on the CMS reports. What do I do with these transactions?

A3: Please contact your DPAP central office regional coordinator. We will investigate and provide you with the course of action to take.

Q4: What is the HIHO system?

A4: The HIHO system is the system available to MCOs for accessing the CWF to view utilization, eligibility and health status information (e.g., ESRD, WA, Part A&B entitlement)

A5: You must logon to the HIHO system in the Common Working File (CWF). Then, make sure you type in the MSPA (MSP summary screen) or MSPD (MSP detail screen), HIC# and the appropriate CWF host site. All the CWF host sites are listed on the bottom of the screen. Periods of Working Aged have an 'A' in the MSP field noted on the MSP record and the DESCRIPTION field indicates Working Aged. A copy of the CWF MSP detail screen is attached at the end of this document for reference purpose.

Q6: What does "Employee ID number" mean on the CWF referral form? Where do we get this information?

A6: Employee ID number is assigned by the employer. This is not a mandatory field. Write "not available" on the CWF referral form.

Q7: Where can Group Name (HUSP field #41) in the CWF Referral Form be found?

A7: This information can be found on the CWF HIHO MSP detail screen under the Group Name field.

Q8: What do we do in instances when Insurance Group Name (HUSP field #41) does not appear on the CWF HIHO screen?

A8: If information is not available, write "not available".

Q9: What does "Referring Managed Care ID#" mean on the CWF Referral form?

A9: This is the CMS contract number (H####) assigned to your Managed Care Organization.

Q10: Is there a default date that can be used if the MCO has exhausted all mean of finding out member's retirement date?

A10: There is no longer a default date that the MCO can use if it has exhausted all means to determine the retirement date of when the beneficiary ended commercial or employer group insurance coverage. The MCO must send these cases to the Coordination of Benefits (COB) contractor with the CWF referral form attached and with all supporting documentation. The COB contractor will make the final determination.

Q11: Some times the CWF HIHO MSP detail screen shows a number other than a 01 (patient is insured) or 02 (patient is covered by spouse's insurance) under the Patient Relationship (Patient Rel) field, what course of action must the MCO take?

A11: The Patient Relationship field determines if the member has health insurance coverage through the employer (code '01') or the member is covered by the spouse's insurance (code '02'). MCOs cannot update CWF records when the patient relationship field is not a '01' or a '02'. Please send case to the COB contractor for update.

Q12: I have a member whose working aged effective date of MSP coverage is earlier than the date he/she turned age 65. I cannot update these WA transactions in McCOY?

A12: If you have open periods of working aged such as these, please send them to the COB contractor. The working aged criteria only apply to members who are age 65 and older.

Example: Member was born August 5, 1935. On April 2002, the CWF posted a new WA period with an open MSP effective date of August 1, 2000. Because the August 1, MSP effective date is prior to member's date of birth at age 65, the MCO cannot update the WA period and therefore must send it to the COB contractor.

Q13: In some instances, McCoy does not allow me to start or terminate a working aged period on the McCoy online. What must I do here?

A13: First, verify that the member is currently enrolled in your MCO by reviewing your Transaction Reply and Monthly Membership reports. Secondly, make sure that the member is entitled to Medicare Part A and the member is at least 65 years of age.

Third, make sure all mandatory fields are entered correctly in McCOY. Mandatory fields can be found in the Plan Communications Users guide. McCoy will prompt you with errors as the transaction is entered into the system. Incorrect or incomplete data entered in McCoy will receive a "U" status for unacceptable. Any transaction receiving a "U" status must be reviewed by the MCO and should be resubmitted with correction. After you have updated the transaction and you are still unable to get it corrected, please call your DPAP central office regional coordinator.

Q14: I cannot pull the CWF HIHO MSP detail screen beyond record #6 when I am in the CWF?

A14: We are aware of this problem and a few CWF host sites have this system glitch. Please call your DPAP central office regional coordinator and provide him/her with the HIC number. They will pull the MSP detail screen and fax it to you.

Q15: If I have submitted a WA correction record and received a SP code 55, how would I handle this?

Definition: SP55 Error code – MSP effective date is less than A or B entitlement date.

A15: Verify that the member is age 65 or older and is entitled to Part A for the WA period(s) you are trying to correct.

Q16: We are paid WA rate on a member erroneously, yet there are no MSP dates on MCCOY. How do we correct this without MSP dates and employer information from MCCOY needed to complete the form?

A16: The WA transaction in MCCOY is completed using the information you gather from the member's WA survey and MSP data reported in the CWF. Many MCOs have used the View Snapshot screen in MCCOY to determine WA status. We advise you **NOT** to use this screen to verify WA status. Please follow the steps below:

- ✓ Check the Transaction reply and Monthly Membership reports for member's WA status
- ✓ Look up your member on the CWF
- ✓ Determine which Working Aged period(s) do not reflect the correct information for your member
- ✓ Submit a WA transaction to CMS using the information from the CWF screen and the WA survey.

Q17: Recently, I have seen WA periods posted on the CWF that show an "I" in the MSP validity indicator (VAL IND) field. Should the MCO do anything with these records?

A17: No. CWF records showing an "I" in the MSP validity indicator field are temporary records placed on the CWF. You do not have to do anything to correct these records and they will not impact payment.

Q18: Why is the subscriber's name no longer available on the CWF HIHO MSPD screen? We use this information when determining the correct Patient Relation for a record - it allowed us to see if a record was for the member or the member's spouse.

A18: The subscriber's name was removed at the request of the Internal Revenue Service. The IRS informed CMS that they must stop providing employer information that is furnished by the IRS to non-government agents such as Providers, State Medicaid Agencies, and MCOs.

Q19: Response by MSP on submitted WA corrections is poor. Of the 65 cases currently pending correction, 31% have had no response or action within the past 4 months, we have resubmitted 2nd requests for 10% after no response in 6 months, and we have received letters from MSP stating they are investigating with the employer (yet we do not receive any resolution from those members.) Some letters dated as early as April 2002. Each month, we are receiving more new WA to research than we are receiving in corrections and retroactive dollars!

A19: Many times the COB refers cases to the employer for verification of actual periods the member had Health Insurance through them. This may take more than 100 days for resolution. Below is some information that may help explain the delays you are experiencing.

- ➤ MCO sends request to the COB for WA correction (starts 50-days window)
- ➤ COB does an investigation with the employer and the employer must respond within 45 days. At the same time, COB sends a letter to the MCO stating that the COB has initiated an investigation with the employer.
- ➤ If the employer does not respond within 45 days, a second request is sent to the employer (2nd request start another 45-days). If the employer does not respond after the second 45-days, COB makes the change according to the documentation submitted by the MCO.
- ➤ If after the 100 days your MCO does not receive a response from the COB or no update has been made on the CWF, your MCO must send the initial letter previously issued by the COB (e.g., letter stating investigation with the employer) back to the COB along with the CWF referral form. Please check the box marked "Second request" on the CWF referral form.

The answers to some of the questions discussed above are general responses and may require specific scenarios or examples depending on circumstances and complexity of case. For further explanation on the WA process refer to the WA fact sheet entitled, "How to Process Working Aged Transactions". Also, refer to the December 12, 2000 document entitled, "Updating Working Aged Process –Coordination of Benefits (COB) Contractor – Effective January 1, 2001".